

\_\_\_\_\_ COUNTY, TENNESSEE

IN THE MATTER OF:

\_\_\_\_\_  
Respondent

)  
)  
)  
)  
)

Docket No. \_\_\_\_\_

-----  
**UNIFORM CIVIL AFFIDAVIT OF INDIGENCY**  
-----

I, \_\_\_\_\_, having been duly sworn according to law, make oath that because of my poverty, I am unable to bear the expenses of this cause and that I am justly entitled to the relief sought to the best of my belief. The following facts support my poverty.

1. Full Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Telephone Number: \_\_\_\_\_ 4. Date of Birth: \_\_\_\_\_

5. Names and Ages of All Dependents:

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

6. I am employed by: \_\_\_\_\_

7. My present weekly take-home pay is \$ \_\_\_\_\_

8. I am not employed, but receive or expect to receive money from the following sources:

AFDC \$ \_\_\_\_\_ per month beginning \_\_\_\_\_

SSI \$ \_\_\_\_\_ per month beginning \_\_\_\_\_

Retirement \$ \_\_\_\_\_ per month beginning \_\_\_\_\_

Disability \$ \_\_\_\_\_ per month beginning \_\_\_\_\_

Unemployment \$ \_\_\_\_\_ per month beginning \_\_\_\_\_

Worker's Compensation \$ \_\_\_\_\_ per month beginning \_\_\_\_\_

Other \$ \_\_\_\_\_ per month beginning \_\_\_\_\_

9. My expenses are:

Rent/House Payment      \$ \_\_\_\_\_ per month  
Groceries                      \$ \_\_\_\_\_ per month  
Electricity                    \$ \_\_\_\_\_ per month  
Water                          \$ \_\_\_\_\_ per month  
Gas                             \$ \_\_\_\_\_ per month  
Transportation              \$ \_\_\_\_\_ per month  
Medical                        \$ \_\_\_\_\_ per month  
Telephone                    \$ \_\_\_\_\_ per month  
Other                            \$ \_\_\_\_\_ per month

10. Assets:

Automobile                      \$ \_\_\_\_\_  
Checking/Savings Account    \$ \_\_\_\_\_  
House                            \$ \_\_\_\_\_  
Other                             \$ \_\_\_\_\_

11. My Debts are:

Amount Owed	To Whom
_____	_____
_____	_____
_____	_____

I hereby declare under the penalty of perjury that the foregoing answers are true, correct, and complete and that I am financially unable to pay the costs of this action.

\_\_\_\_\_  
Respondent OR Representative